



U.S. BANKRUPTCY COURT
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S.D.N.Y.

September 14, 2024

VIA HAND DELIVERY

Bankruptcy Appellate Court
Southern District of New York - Bankruptcy Court
300 Quarropas Street
White Plains, New York 10601

**RE: Case Index Nos 23-22095, Adversary Proceeding 23-07008
Debtor Letter In Support ofAppealed Motion To Implead Travelers
Insurance**

Dear Hon Bankruptcy Appellate Court:

We herein submit this Debtor Letter in Support of our Appealed Notice of Motion to Implead Travelers Insurance Employee Dishonesty Program as per the attached complaint to the NYS Department of Financial Services.

Respectfully submitted,

Rahul D. Manchanda, Esq.
270 Victory Boulevard
New Rochelle, NY 10804

To: Travelers Insurance, Attn: Consumer Affairs, One Tower Square,
Hartford, CT 06183

New York State Department of Financial Services
Consumer Complaint Case: CSB-2024-01611399
Date Submitted: 09/14/2024

Complaint Type	
Which product or service best describes your complaint?	Insurance Company
Are you a representative filling out this form for someone else?	No
I authorize the entity or individual named in this complaint to furnish to the Department of Financial Services any information related to this matter.	Yes
Who is the person with a complaint?	
Name:	Rahul Dev Manchanda
Address:	270 Victory Boulevard
Business Name:	
City/State/Zip:	New Rochelle NY 10804
Phone:	(646) 645-0993
Fax:	(212) 968-8601
Email:	rdm@manchanda-law.com
Complaint Details	
What type of insurance is your complaint about?	Property and Liability
What type of person/entity is your complaint about?	Insurance Broker/Agent
Who is the person/entity you are complaining about?	
Business Name:	Travelers Insurance
Address:	
City/State/Zip:	NY
Phone:	(630) 961-4216
Email:	STHORNSB@travelers.com
What is the Policy/Claim Information?	
Policy Number:	680-7S072438
Policy Holder Name:	
Claim Number:	
Is your policy being cancelled or terminated?	No
Is this related to a declared disaster?	No
Additional Information	
Is a Court or Legal Action pending for this matter?	No
Have you submitted this matter to another agency or attorney?	No
Are you a whistleblower?	No

Is this complaint regarding Elder Financial Abuse?	No
Please enter the details of your complaint here	
<p>I still have not heard from my lazy claims adjusters at Travelers Insurance Mike Brenner reachable at (508) 946-6376 or by email at mbrenner@travelers.com or even from Sabrina Thornsby reachable at 1-630-961-4216 or by email at STHORNSB@travelers.com regarding my severally times reported Former Employee Dishonesty Program insurance coverage business owners policy the following:</p> <p>As I thought my Travelers Insurance claims manager was Mike Brenner, be reminded that my allegations against former employees (Luis Trujillo, Anthony Motta, Robert Androsiglio, Dominic Sarna) under my employee dishonesty policy during my coverage period and previously reported but not known some of the consequences at the time included but was not limited to:</p> <ul style="list-style-type: none">(1) forging my signature on pleadings and documents;(1b) using my signature stamp without my knowledge or permission;(2) falsely notarizing my documents and then changing them later without my knowledge or permission;(2a) whiting out other party signatory signature areas on settlement agreements after I signed and notarized and then filing them with the state and federal courts;(3) not keeping me aware or abreast of of counsel/firm litigation matters;(4) false billing to other outside clients of their own to my law firm while under my employ;(5) other fraudulent and criminal and dishonest acts. <p>Thanks, Rahul Manchanda, Esq.</p> <p>What do you think would be a fair resolution to your complaint?</p> <p>Timely Insurance Coverage!</p> <p>What a novel idea!</p> <p>How were you referred to the Department of Financial Services?</p> <p>Supporting Documentation</p>	